

## **Application Data Sheet**

### **Application Information**

Application number::	10/622,081
Filing Date::	07/16/03
Application Type::	Regular
Subject Matter::	Utility
Suggested Group Art Unit::	3736
Title::	METHODS AND APPARATUS FOR ENHANCING DIAGNOSIS OF MYOCARDIAL INFARCTIONS
Attorney Docket Number::	020061-000410US
Request for Early Publication::	No
Request for Non-Publication::	No
Suggested Drawing Figure::	
Total Drawing Sheets::	
Small Entity?::	Yes
Petition included?::	No
Secrecy Order in Parent Appl.::	No

### **Applicant Information**

Applicant Authority Type::	Inventor
Primary Citizenship Country::	US
Status::	Full Capacity
Given Name::	ARNE
Family Name::	SIPPENS GROENEWEGEN
Name Suffix::	MD, PhD
City of Residence::	Burlingame
State or Province of Residence::	CA
Country of Residence::	US
Street of Mailing Address::	3662 Hillside Drive
City of Mailing Address::	Burlingame
State or Province of mailing address::	CA

Country of mailing address:: US  
Postal or Zip Code of mailing address:: 94010

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: US  
Status:: Full Capacity  
Given Name:: OMAR  
Family Name:: AMIRANA  
Name Suffix:: MD  
City of Residence:: San Francisco  
State or Province of Residence:: CA  
Country of Residence:: US  
Street of Mailing Address:: 1576 Union Street, #2  
City of Mailing Address:: San Francisco  
State or Province of mailing address:: CA  
Country of mailing address:: US  
Postal or Zip Code of mailing address:: 94123

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: US  
Status:: Full Capacity  
Given Name:: TERRANCE  
Family Name:: RANSBURY  
Name Suffix::  
City of Residence:: Chapel Hill  
State or Province of Residence:: NC  
Country of Residence:: US  
Street of Mailing Address:: 112 Simerville Road  
City of Mailing Address:: Chapel Hill  
State or Province of mailing address:: NC  
Country of mailing address:: US  
Postal or Zip Code of mailing address:: 27517

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: US  
Status:: Full Capacity  
Given Name:: SCOTT  
Family Name:: DENTINO  
City of Residence:: Capitola  
State or Province of Residence:: CA  
Country of Residence:: US  
Street of Mailing Address:: 721 Rosedale, #8  
City of Mailing Address:: Capitola  
State or Province of mailing address:: CA  
Country of mailing address:: US  
Postal or Zip Code of mailing address:: 95010

#### **Correspondence Information**

Correspondence Customer Number:: 20350

#### **Representative Information**

Representative Customer Number:: 20350

#### **Domestic Priority Information**

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This Application	An Appln claiming benefit under 35 USC 119(e) of	60/396,681	07/17/02

#### **Assignee Information**

Assignee Name:: Resolution Medical, Inc.  
Street of mailing address:: 112 Simerville Road  
City of mailing address:: Chapel Hill  
State or Province of mailing address:: NC  
Country of mailing address:: US  
Postal or Zip Code of mailing address:: 27517